

PLUMBING PERMIT APPLICATION

MUNICIPALITY Barrington NUMERICAL CODE: 01 PERMIT NO. _____
 APPLICATION DATE _____ CENSUS TRACT: _____ FEE RECEIVED: \$ _____ BY: _____

1. STREET LOCATION _____ NEW OR OLD BLDG _____
 2. NO OF STORIES: _____
 3. PLAT/MAP _____ 4. LOT _____ 5. FILE _____ 6. PRIVATE SEWAGE: ISDS NO. _____ DATE: _____
 7. USE OF STRUCTURE: PREVIOUS _____ PROPOSED: _____
 8. OWNER _____ ADDRESS: _____ PHONE: _____
 9. MASTER PLUMBER _____ ADDRESS: _____ PHONE: _____
 10. ARCH. OR ENG. _____ ADDRESS: _____ PHONE: _____
 11. STAMPED PRINTED (Circle one) YES NO 12. RI REG NO. _____ 13. MASTER PLUMBER LIC NO. _____ EX DATE: _____
 14. DESCRIPTION OF WORK TO BE PREFORMED _____
 15. ESTIMATED COST: \$ _____

MUNICIPAL PLUMBING PERMIT FEE:			
CE/ADA FEE:	X .001	=	\$ _____
1&2 FAMILY DWELLING LIMITED TO CE & ADA FEE OF \$50.00	ESTIMATED COST X .001	=	\$ _____
TOTAL PERMIT FEE		=	\$ _____

I hereby certify that I have the authority to make the foregoing application, that the application is correct and that the owner of this building and the undersigned agree to conform to all applicable codes and ordinance of the State and this jurisdiction.

MASTER PLUMBER'S SIGNATURE:

	WATER CLOSET	SINKS	LAV	SINKS	BATH	TUB	SHOWER	STALL	HOT WATER	HEATER	TEMP PRESS	VALVE	WASH	TUB	SLOP	SINK	URINAL	FLOOR	DRAIN	DISH	WASHER	DRINKING	FOUNTAIN	AUTO	WASHER	STACKS	HOSE	BIBBS	ANTI-SIPHON	DEVICES	INDIRECT	WASTES	BACKFLOW	PREVENTERS	PRESSURE	BOILER	YARD OR	AREA DRAINS	CONNECT TO	SEWER	OTHER							
BASEMENT																																																
1ST STORY																																																
2ND STORY																																																
3RD STORY																																																
4TH STORY																																																
5TH STORY																																																
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8TH STORY																																																
9TH STORY																																																
10TH STORY																																																
TOTALS																																																
TRAP TYPE																																																
PIPE MAT'L																																																
VENTED TO ROOF																																																

DO NOT WRITE BELOW THIS LINE PLUMBING PERMIT

Inspections:
 Rough: _____
 Final: _____
 Disapproved*: _____

PERMIT GRANTED:
 DATE: _____
 BY: _____
 PLUMBING INSPECTOR

*For the following reasons: _____

CERTIFICATE OF INSPECTION

To the Gas Company: The installation described above has been completed and has been inspected and approval is granted for connection to your service.

DATE: _____

PLUMBING INSPECTOR